



# CRANE OPERATOR & SLINGER/SIGNALLER SUPPLIERS

**UK & WORLDWIDE**

UNIT 12 · LLANTRISANT BUSINESS PARK · LLANTRISANT · RCT · UNITED KINGDOM · CF72 8LF  
 Telephone: 01443 238452 · Fax: 01443 231614 · Emergency: 07825 439143

The Hirers of the Crane are reminded of their responsibility under LOLER 1998 and the ACOP BS7121 Safe Use of Cranes to ensure a SAFE SYSTEM OF WORK

## OPERATOR/SLINGER/SIGNALLER WEEKLY TIME/REPORT SHEET

Operator's Name .....	Hirer's Name .....
Week Ending Date (Sunday last working day) .....	Site Address .....
Machine Type .....	.....
Plant Number .....	Site Telephone .....

Day	Start Time	Finish Time	Breaks Deducted	Working Hours to be Paid	Breakdown Time	Comments
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						

**LOLER 1998 REGULATION 8**  
 This must be completed by the Hirer/Appointed Person/Person Supervising Lifting Operations

Name .....

Employed by .....

Machine Hours Reading Start: .....

Machine Hours Reading Finish: .....

**Total Hours**

**Bonus Authorised**

**NOTE TO THE OPERATOR** Obtaining hours that have not actually been worked, or site bonus that is not authorised correctly will lead to criminal prosecution if found to be fraudulently obtained.

### AUTHORISATION (to be signed by the HIRER)

Signature .....	Print Name .....	Position .....	Date .....
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### OPERATOR'S WEEKLY MAINTENANCE & DEFECT REPORT (THIS MUST BE COMPLETED FULLY)

CHECKS & MAINTENANCE	YES	NO	DESCRIPTION & ACTION TAKEN
All operational functions working (Slew-Hoist-Trolley-Derricking, etc)			
Auto Safe Load Indicator (ASLI) / R.C.I. working			
All ropes running freely and without defects			
All Mast/Boom/Jib Pins secure and intact			
All Tracks/Undercarriage intact			
All Fluid Levels correct and without leaks			
All necessary Greasing/Maintenance undertaken			
All Crane/Lifting Tackle certification available			
Have you completed an Inspection Report <b>OTHER</b> than this one			
Have you attended the Site Safety Induction			
Have you seen the Risk Assessment/Method Statement/Lifting Plan			
Is there an Operators' Manual available for the crane			
Is the crane being used for Man Riding; if yes, call MPS office ASAP			

DEFECT REPORT & OTHER COMMENTS

I have carried out all the prescribed maintenance operations and am satisfied that all safety devices operate in a satisfactory manner

Operator's Signature .....

Print Name .....

Date .....

Time Sheets MUST be returned to the office by hand, post or fax no later than 10.00 a.m. on Monday morning.  
 Please use SUNDAY as the LAST day of each working week, and enter the relevant WEEK ENDING date in the space provided.  
 The Conditions of Contract you have entered into are fully covered by the TERMS & CONDITIONS already supplied to you.  
 All employees should confirm each time sheet with their own signature to verify that all information shown is correct

TOP COPY – Office  
 MIDDLE COPY – Operator  
 BOTTOM COPY – Customer  
 MPS Ltd Company Registration Number 3509458